APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for Aero Terminals at Fixed Locations

1. Applicant

Name: ISAT US Inc. Phone Number: 202–248–5150

DBA Name: Fax Number:

Street: 1101 Connecticut Avenue NW E–Mail: giselle.creeser@inmarsat.com

Suite 1200

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Giselle Creeser

| 2. Contact | | | | |
|---|--|--|-----------------------------------|--|
| Name: | Giselle Creeser | Phone Number: | 202-248-5150 | |
| Company: | ISAT US Inc. | Fax Number: | | |
| Street: | 1101 Connecticut Avenue NW | E–Mail: | giselle.creeser@inmarsat.com | |
| | Suite 1200 | | | |
| City: | Washington | State: | DC | |
| Country: | USA | Zipcode: | 20036 – | |
| Attention: | | Relationship: | Same | |
| | | | | |
| If Yes, complete andGovernmental EntityOther(please explain | over or Submission ID I with this application? I attach FCC Form 159. If No, incomparing the Noncommercial educations in: | al licensee | on (see 47 C.F.R.Section 1.1114). | |
| | CGV – Fixed Satellite VSAT Syste | em ———————————————————————————————————— | | |
| 5. Type Request O Use Prior to Grant O Change Station Location O Other | | | | |
| 6. Requested Use Prior 1 02/22/2016 | Date | | | |
| 7. City | | 8. Latitude (dd mm ss.s h) | 0 0 0.0 | |

| 9. State | 10. Longitude (dd mm ss.s h) 0 0 0.0 | | | |
|--|--------------------------------------|--|--|--|
| 11. Please supply any need attachments. | | | | |
| Attachment 1: Exhibit A Attachment 2: | Attachment 3: | | | |
| | | | | |
| 12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) | | | | |
| Request for special temporary authority to operate up to 20 aeronautical terminals at fixed locations within CONUS. | | | | |
| 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of " party to the application" for these purposes. | | | | |
| 14. Name of Person Signing | 15. Title of Person Signing | | | |
| Giselle Creeser | Director, Regulatory | | | |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). | | | | |

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